Care Act 2014 Guide
Supported self-assessment
Version 1 - December 2014

This guide provides an overview of key elements to consider in recommending a supported self-assessment for the adult requiring care or their carers. It should be read in conjunction with the Care and Support (Assessment) Regulations 2014 and Chapter 6 of the statutory guidance.

Key messages
1. The assessment process is one of the most important elements of the care and support system. It starts when local authorities begin to collect information about the person. There are a number of different ways of conducting an assessment – supported self-assessment is one of these.

2. Supported self-assessment is an assessment led by the individual and supported by the local authority. It should use the same materials as in any other assessment, both to ensure transparency and that the same information is gathered.

3. Local authorities must offer supported self-assessment as a form of assessment if the adult or carer is willing, able and has the capacity to undertake such assessment. If the person does not wish, or is unable, to self-assess, then an assessment must be undertaken using another assessment method (e.g. face-to-face).

4. The objective is to place the individual in control of the assessment process and enable them to lead as fully in the process as they wish to.

5. Local authorities are responsible for providing relevant information before, during and after the assessment takes place.

6. Local authorities must ensure that identified needs and desired outcomes are accurately captured in the supported self-assessment process.

7. When the supported self-assessment is complete, the local authority must assure itself that the assessment is a complete and accurate reflection of the individual’s needs.
What is a supported self-assessment?
A supported self-assessment is one way of carrying out a needs or carer’s assessment. It is led by the individual and supported by the local authority. A self-assessment can only be offered if the individual is willing and able to carry it out. Local authorities should provide as much or as little support as the individual needs to do this.

In carrying out a supported self-assessment a local authority must meet all of its legal duties in the same way as it would if it was carrying out the assessment in any other format, including identifying the person’s needs and outcomes and carrying out the assessment in an appropriate and proportionate way.

Local authorities should therefore collect the same information about the individual as they would through another assessment format (such as face to face) but they may wish to customise this so it is easier for the person to understand.

Delivering a supported self-assessment
What do practitioners need to consider before commencing a supported self-assessment process?

Practitioners need to make sure that the supported self-assessment can accurately and completely reflect the individual’s needs, desired outcomes and impact of needs on their wellbeing.

It is important for practitioners to bear in mind that the supported self-assessment is an iterative process, and that they will be called upon at different points in the process if the person being assessed decides that this is appropriate or needed. In order to deliver a supported self-assessment, the following steps should be followed:

- Consider individual’s capacity, capabilities and personal strengths
- Consider individual’s communication needs
- Does the individual need any support, advocate, etc.
- Consider information that has been provided and all circumstances considered?
- Does the individual know how to contact practitioner?
- Have individual and practitioner agreed to timescales?
- Is individual clear at any point they can ask for the practitioner to join them in the process?
- See below other questions to answer
- Have individual and practitioner agreed what each of them will be doing?
- i.e. this could mean the individual wants to complete the supported self-assessment entirely or to do only one part of it on their own and complete the rest with the practitioner
- i.e. it may be agreed that the practitioner will contact other professionals for their input
- i.e. who will capture the carer’s views?
- Is everyone involved clear about their responsibilities?
Other questions to consider include:

- Have you considered the individual’s capacity to understand and carry out a supported self-assessment, and understood what limitations they might have?
- Have you made sure that the individual has all the information needed in order to lead the assessment process?
- Have you agreed with the individual what information needs to be included as part of the assessment?
- Have you made sure there is an independent advocate in place where required?
- Is the individual aware of which other professionals, if any, need to input into the assessment and what support is needed to contact them? Are there any other assessments in progress? If so, could they be carried out jointly or as a combined assessment?
- If there is a carer and an adult supported self-assessment to be completed, have you considered, jointly with the adult and the carer, that the same assessor supports both self-assessments? Have you taken into account a whole-family approach – identifying how the individual’s needs for care and support impact on family members or other people in their support network?
- Is a specialist practitioner with specific training and expertise required to support an individual who is deafblind?

As part of their responsibility the practitioner will use their skills and experience, working with the individual, to judge/assess the individual’s ability to conduct their ‘self-assessment’ satisfactorily and as independently as possible, as well as finding out how much support each individual will need to complete the process. Here are two examples.

The first example is where the individual is clear about their presenting needs, which cover several of the eligibility outcomes. However, they lack the insight to understand their position relating to areas other than the presenting needs. For example, they may be fully aware of their difficulty in maintaining their nutrition and personal hygiene, but not aware of the impact their situation has in terms of developing or maintaining personal or family relationships.

Alternatively, they may be fully aware of their difficulty in maintaining social relationships, and feel isolated, but lack awareness of the impact this has in their motivation and ability to maintain nutrition and personal hygiene.

In this instance, the practitioner, having prepared the individual fully and having provided prompts and guidance to enable the individual to complete as much as possible on their own, will agree with the individual that they contact the practitioner when they do not feel able to continue with or complete the assessment.

The second example is where the individual is clear about their needs, but finds it difficult to express their desired outcomes.

Here the practitioner, after talking the individual through the assessment material and process, may agree with the individual that they will complete the section about their needs, then call in the practitioner again when completed.
Then the practitioner can support the individual in describing their desired outcomes for one of the identified areas/needs, so that the individual can do the same for all the other areas.

The individual could call the practitioner to go through the entire assessment to ensure its accuracy and completeness or could call for guidance on specific parts that they do want to complete on their own before the assurance process.

**How can the local authority assure itself that the supported self-assessment is accurate and complete?**

The supported self-assessment process is only complete when the local authority has assured itself that it is an accurate and complete reflection of the individual’s needs and outcomes, and the impact of needs on their wellbeing.

The guidance stresses that local authorities should not repeat the full assessment process. However, where the supported self-assessment is not comprehensive and/or accurate, it may be necessary to repeat part or all of the assessment.

In a nutshell, there must be sufficient and reliable information available to determine eligibility. Specifically, practitioners need to consider the following:

### Comprehensive

- Are there any gaps?
  - Have all needs, not only presenting needs, been captured? Has the individual clearly defined their desired outcomes?

- Do you need to include anyone else’s views or input? With relevant consent, have views of members of individual social network been considered?
  - Have other professionals dealing with the individual provided their views?

### Accurate

- Is the information consistent?
  - e.g. If mobility is poor is this reflected appropriately in other needs?
  - e.g. if individual has a health condition, is this reflected in all the needs?
  - e.g. if individual has no social network support, and no ability to undertake certain tasks, is this clearly captured?

- Do you need to check the information with someone else?
  - E.g. If there is no certainty/clarity on mobility, or impact of health, is it worth checking with physio or District Nurse/GP?

- Is any evidence needed to confirm information?
  - Consider asking the individual to demonstrate their mobility, or ability to prepare food, etc.

Where specialist support is required to carry out the supported self-assessment for a person who is deafblind, the professional leading the assurance process is then regarded as the ‘assessor’ and their expertise must relate to the individual’s needs.

Unlike what is often thought, many people tend to **understate** their needs. People who have lived with a certain level of needs for some time are used to it being their
‘norm’ and may lose perspective in terms of what their needs really are when seen more objectively.

For example, a housebound woman living alone may say that she has no mobility needs, as she has never had a fall and she can get to all corners of her flat. However, when asked to stand up from the sofa and go to the kitchen, it takes her 15 minutes to stand up and another 10 minutes to walk three metres. When viewed objectively this is unlikely to be considered good mobility.

What else applies to supported self-assessment?

- **Safeguarding responsibilities:** local authorities must carry out a safeguarding enquiry where it appears that an individual is experiencing, or is at risk of, abuse or neglect. The duty to carry out a safeguarding enquiry does not depend on whether the individual has eligible needs. (SCIE has produced a [guide](#) to new safeguarding duties for local authorities under the Care Act.)

- **Training of assessors:** local authorities must ensure that staff have the required skills, knowledge and competence to carry out assessments and the assurance process following supported self-assessment. (see Guidance 6.46)

What happens after the supported self-assessment and assurance process?

The eligibility determination must be made once the local authority is assured that the supported self-assessment has accurately captured:

- the individual’s needs
- their desired outcomes
- their ability to achieve those outcomes
- the impact on their wellbeing.

The individual must be given a written record of their needs or carer’s assessment following its completion and must also be given a record of their eligibility determination when this has been made.

**In relation to the adult with care and support needs**, a copy of their assessment must be shared with their carer if the adult requests this, and with anyone else that the adult requests it to be shared with.

**In relation to the carer with support needs**, a copy of their assessment must be shared with the adult with care and support needs when requested by the carer, and with anyone else the carer requests it to be shared with.

Where an independent advocate is involved in supporting the individual, the local authority should keep the advocate informed so that they can support the adult with care and support needs or their carer to understand the outcome of the assessment and its implications.
Implications for practice
Benefits and challenges of supported self-assessment

The benefits of supported self-assessment include:
- choice, independence and flexibility in assessment for the individual, and a less intrusive process
- empowerment of the individual, as they are a partner in the process which recognises and draws on their knowledge and expertise, rather than being at risk of being seen as inferior in comparison to the professional assessor
- 24/7 access to supported self-assessment (when available online) – this enables the individual to carry out the assessment at a time convenient to them
- time for the individual to reflect on their situation, and consider their future needs
- an opportunity for the professional to guide the individual undertaking the supported self-assessment to relevant sources of help when they call on the professional to do so.

The challenges of supported self-assessment include:
- the need to ensure that the supported self-assessment process is accessible – for example, through multilingual versions of forms, access to the internet and the use of clear and plain English
- being aware of the potential lack of accuracy in the supported self-assessment and that there might be a tendency for individuals to overstate or understate needs – this needs to be considered particularly during the assurance process following completion of the supported self-assessment and may require additional follow-up
- appreciating the role of the practitioner in the supported self-assessment process: it is a supported process, based on joint working between the individual and the local authority, but ultimately it is the practitioner’s responsibility to determine if the supported self-assessment is complete and accurate, drawing on their experience and knowledge of the individual.
Checklist of core duties: supported self-assessment

Local authorities must:

✓ carry out an appropriate and proportionate assessment: a supported self-assessment is appropriate if the adult or carer in question is willing, able and has the capacity to undertake one and to assess and reflect on their own needs
✓ carry out a capacity assessment if it believes an individual may lack capacity to understand and carry out a supported self-assessment
✓ support the individual to lead the process – this involves providing as much information as possible from the time of first contact, in an accessible format, so that the individual undertaking the supported self-assessment has a full picture of their care and support history
✓ involve an advocate (a family member, friend or independent advocate) to help the individual through the process where the individual has capacity to undertake the supported self-assessment but has substantial difficulty understanding, retaining and using the relevant information
✓ involve a person who has specific training and expertise in cases where the individual is deafblind
✓ carry out a safeguarding enquiry where a person may be at risk of abuse or neglect
✓ ensure the self-assessment is completed in a suitable time period
✓ ensure that the supported self-assessment is accurate and complete – reflecting the individual’s needs, desired outcomes and the impact of needs on their wellbeing.

Useful resources

Guidance on assessment

- The LGA has a summary of resources available including those on assessment.
- SCIE’s Safeguarding resources.
- SCIE resource on Advocacy.
- SCIE resource on transition to adulthood.
- ADASS Carer’s Policy Network guide to young carers, personalisation and the whole family approach.

Relevant training

- Skills for Care has developed a range of free materials with The College of Social Work to support the adult social care workforce. These include first contact and identifying needs.
- The College of Social Work (www.tcsv.org.uk) is developing a curriculum guide to support implementation of the Care Act.
- Carers UK has developed e learning courses for professionals working with carers which include key elements of assessment under the Care Act.
Reflecting on practice

- The Health Foundation have a range of resources around person-centred care ([http://personcentredcare.health.org.uk](http://personcentredcare.health.org.uk)). Although these are primarily NHS-focused, they could provide useful prompts for social workers. There is also a summary of the approach available from Helen Sanderson Associates [here](http://personcentredcare.health.org.uk).
- Research in Practice for adults has resources for practitioners in social care relating to the Care Act. Please note it is necessary to belong to a partner organisation in order to access these in full.
- SCIE’s guide to coproduction in social care is [here](http://personcentredcare.health.org.uk).

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**Care Act support from SCIE**

To find out more about SCIE’s Care Act resources, training and support services, visit [www.scie.org.uk/care-act-2014](http://www.scie.org.uk/care-act-2014)

**Supporting implementation of the Care Act 2014**

This publication is part of a suite of resources commissioned by the Department of Health in partnership with the Local Government Association, the Association of Directors of Adult Social Services and the Care Providers Alliance to support those commissioning and providing care and support in implementing the Care Act 2014. To find out more visit [www.local.gov.uk/care-support-reform](http://www.local.gov.uk/care-support-reform)

[Working in partnership to support implementation of the Care Act](http://www.scie.org.uk/care-act-2014)